

PAGE	1	OF	4
FOR SE OF FORM 24/48			

FEC Schedule E (Form 24/28) Rev. 09/2013

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee Southwest Publishing and Mailing Corporation		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2020
Mailing Address 4000 SE Adams Street		Amount 289.52
City Topeka	State KS	Zip Code 66609
Purpose of Expenditure Postage	Category/Type	Transaction ID : SE.21594 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2020
Name of Federal Candidate DAINES, STEVE, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Southwest Publishing and Mailing Corporation		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2020
Mailing Address 4000 SE Adams Street		Amount 289.51
City Topeka	State KS	Zip Code 66609
Purpose of Expenditure Postage	Category/Type	Transaction ID : SE.21595 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2020
Name of Federal Candidate BULLOCK, STEVE, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	579.03
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
09 / 19 / 2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE	3	OF	4
FOR SE OF FORM 24/48			

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Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 4 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee The Lukens Company		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2020
Mailing Address 2800 Shirlington Rd		Amount 905.36
City Arlington	State VA	Zip Code 22206
Purpose of Expenditure Printing / Postage	Category/ Type	Transaction ID : SE.21596 Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2020
Name of Federal Candidate DAINES, STEVE, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee The Lukens Company		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2020
Mailing Address 2800 Shirlington Rd		Amount 905.35
City Arlington	State VA	Zip Code 22206
Purpose of Expenditure Printing / Postage	Category/ Type	Transaction ID : SE.21597 Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2020
Name of Federal Candidate BULLOCK, STEVE, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1810.71
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	12537.72

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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Signature